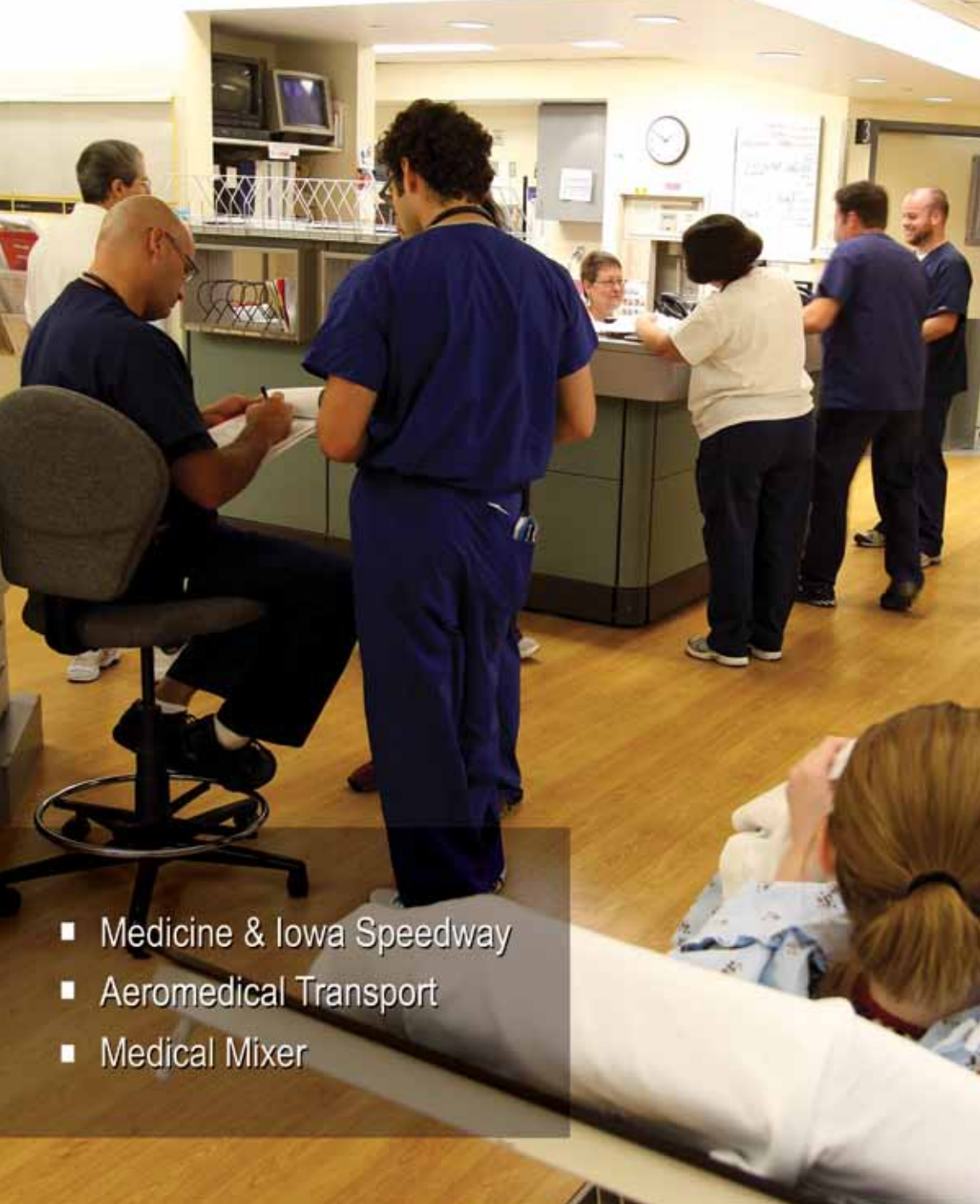


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JUL/AUG 2009

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY



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Des Moines, Iowa
July/August 2009

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Bulletin

JUL/AUG 2009

MEMBER MAGAZINE FOR THE POLK COUNTY MEDICAL SOCIETY

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ON COVER:

Iowa Methodist Medical Center Emergency Department,
photo courtesy of Uldis Ilvess, IMMC.

Articles and editorial inquiries should be directed to:

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“ Reaffirm ”

Your Ideals



Robin W. Barnett, D.O.

Greetings! I hope each and every one of you is enjoying the summer and trying to carve out some time to spend with family & friends. The American Medical Association welcomed U.S. President Barack Obama to its 150th Annual Meeting in

Chicago, at which our Executive Director was present to hear the President outline his desire for health care reform. As you all know, this is a historic opportunity for us as physicians and healthcare providers to be a part of healthcare reform/change.

President Obama received a standing ovation when he stated, “You did not enter this profession to be bean counters and paper pushers. You entered this profession to be healers and that is what our healthcare system should let you be”. In closing, President



Barack Obama speaking to doctors at the AMA.

Obama stated he envisions a future America where adults & children are getting regular checkups, eating healthier foods, exercising more, and spending more time enjoying life while preventing disease than treating illness and disease.

The AMA has designed a framework for health system reform they have shared with the President:

- Affordable Coverage For All – With patient choice from a variety of affordable health insurance options and healthcare provider of their preference.
- Prevention & Personal Responsibility – Greater investment in prevention & wellness. Patients will be encouraged to take responsibility for their own health.
- Quality Improvement – The medical profession should develop evidence based guidance for quality improvement.
- Delivery Reform – Improved management of chronic disease and care coordination with patient-centered medical home.
- Reducing Costs – The AMA is in the process of developing measures to reduce unnecessary utilization, have better uniformity in treatment conditions and services to improve the efficiency and cost of care, entail streamlining the insurance claims processing system and paperwork. Medical liability reform is necessary to reduce the need for practicing defensive medicine.
- Fiscal Responsibility & Sustainability - Healthcare reform to work towards a fiscally responsible goal to maintain a sustainable healthcare delivery system.
- The 2009 AMA House of Delegates Annual Meeting voted on a list of key healthcare reform actions to be taken:
 - Healthcare System Reform Principles will allow freedom of choice, freedom of practice and universal access for patients.
 - Medicare physician payment reform to insure payment rates that cover the full cost of medical practice.
 - Patient-centered medical home – Clarify a medical home model.
 - Right of patients to privately contract a physician of their choice.
 - Medical Liability Reform – Establish policy, effective medical liability.
 - Eliminate restrictions on preexisting conditions.
 - Incentives rather than penalties for HIT Adaptation - Adopt policy for HIT incentives for e-prescribing and electronic medical records without penalty for non-adoption.
 - Physician workforce – Increase the number of physicians for areas of shortages.
 - Medical student debt relief.
 - Follow on biologics – Protect patient safety.
 - Health insurance underwriting policies – Adopt policies based on the presence of conditions that are predictors of morbidity and mortality.
 - Prevention and personal responsibility - by increasing personal responsibility.
 - Principals of public release of physician data – Advocating transparency requirements, physician profiling requirements, quality measure requirements and patient satisfaction measurements.

This is a healthcare system that we cooperatively build together, a future within our reach. The Polk County Medical Society along with the AMA and other medical partners will continue to advocate in Washington with our Iowa Congressional Delegation, on behalf of doctors, to reaffirm the ideals that led you into this noble profession, and build a healthcare system that lets all Americans heal.

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In Memory of “Don O. Newland, M.D.”



Don was born April 13, 1921 and passed away at home on June 6, 2009. Don was delivered by his father, Dr. Don H. Newland in Belle Plaine, Iowa.

Don, his father, his uncle, Mark, and son, William, all graduated from the University of Iowa Medical School.

Don (Doc) attended the University of Iowa for undergraduate and medical school. He was a member of the Phi Gamma Delta and Nu Sigma Nu fraternities. Don made lifelong friends in Iowa City and loved fraternity and medical school reunions. While at Iowa, Doc met Barbara Smith (daughter of Dr. Fred M. Smith, Head of Internal Medicine at Iowa). They were married upon graduation from medical school in 1945.

Don served in the Army Air Force and completed an internship in Hartford, Connecticut before returning to Belle Plaine to join his father in general practice. Don subsequently completed an OB/GYN residency at the University of Arkansas. Don joined Addison W. Brown in the practice of OB/GYN in Des Moines, Iowa in 1953.

The years of general practice prepared Doc well for OB/GYN. He developed a large referral base and witnessed terrific changes in the specialty of OB/GYN during his career.

Don had a great working relationship with his partners Addison W. Brown, Robert B. Allender, Norman L. Bone, and his son, William H. Newland.

While in practice, Don was a strong supporter and advocate of Planned Parenthood. He spent countless hours locally and nationally supporting their causes. Don was a Fellow in the American College of Surgeons and Fellow and District VI Chairman of the American College of Obstetrics and Gynecology. Don was a member of the American Medical Association, Iowa Medical Society, and Polk County Medical Society. He practiced at Iowa Lutheran, Mercy, and Iowa Methodist Hospitals in Des Moines.

Doc's positive attitude, enthusiasm, and great sense of humor endeared him to colleagues, hospital staffs, and patients who adored his unique "bedside manner".

Upon retirement in 1987, Doc and his wife, Anne, spent their winters at his home in Keystone, Colorado. In the summer, he traveled and enjoyed golf at Wakonda Club where he loved to give golf tips and tell stories.

Don never lost his enthusiasm and zest for life. He was the perpetual inquisitive student. He loved nothing better than exchanging stories with friends and new acquaintances.

Hospital Emergency Department

“Crowding”

Implications for the Citizen Physician



**Larry J. Baker, D.O.,
F.A.C.E.P.**

Much of what we do in life is self-serving in one way or another. Take the matter of recruiting physicians, or training medical students or residents. Even if a physician decides to

take an assignment with a competitor, that's ok, in the sense that, someday you might end up looking up at that talent, even though not in your clinic/hospital/or in my case, emergency department. The same can be said of working with and training medical students and residents, who, in time, might be in charge of your illness or injury someday. You'd really like to have all the confidence in the world in that doctor.

Over the years, emergency department overcrowding has gotten a great deal of press; as if crowding isn't bad enough, we have to celebrate "overcrowding." ED crowding is a multifactorial problem in hospital emergency departments that results when the supply of patients outstrips the organizations ability to care for them in a timely way. Nothing good comes of this, as patients are exposed to long wait times, delays in care, prolonged throughput in the emergency department, and delays in

access to an inpatient bed. This latter element places the admitted patients in yet another category, as an admitted patient may remain in the emergency department for extended periods receiving care by emergency nurses, rather than inpatient or critical care nurses.

At times of crowding, when the resources of the department becomes overwhelmed, we must take the ED offline by going on diversion. Diversion means that inbound traffic, usually via ambulance, is diverted to another hospital for care. This, of course is less than desirable, as most patients like to have a choice in their destination hospital, as would their family and their doctor. But sometimes we just get overwhelmed, and diversion becomes necessary. I don't like to go on diversion. To me, diversion is a failure, of part of our system, and tantamount to taking the police department or the fire department offline. Which gets me back to the original concept of being self serving. I don't want to be unavailable to our client patients or physicians in the time of their greatest need, so confronting crowding and avoiding diversion is a key goal for us.

Crowding as an Organizational Problem

As one examines the causes for emergency department crowding, many myths and a few truths emerge. Early on one finds that the commonly held belief is that the uninsured and the nonemergent are clogging the ED. Both

of these notions have been proven to be inaccurate, and not a contributor to crowding. In today's practice environment, is simply the case that our population is growing older, troubled by and living with a greater number of maladies than ever before. And commonly, when issues arise, the complexities of their medical conditions coupled with their chief complaint often warrants the hospital emergency department where access to technology allows for the diagnostic and treatment options not available in the office. Interestingly, this is to be contrasted to the environment of 40-50 years ago, when the medical office was the site of medical care, not the hospital. This shift, from the office to the hospital actually parallels, and has contributed to the growth of the specialty of Emergency Medicine.

By far and away, the most significant cause for crowding, and hence diversions, is the inability to get the admitted patient into the hospital, once the determination has been made that admission is warranted. Armed with this fact, many emergency departments in other parts of the country developed "hallway to hallway transfer" policies, recognizing that if a patient was able to be cared for in the hallway of the ED, they could be treated in the hallway of the inpatient floor. This actually proved to be more successful than you would think, but requires a great deal of organizational work to guarantee success.

Organizational Solutions for Emergency Department Crowding

The most significant impact that we have seen on our department operations has been the organizations willingness to look at the problem of crowding in a different way, to frame the issue of emergency department crowding as an organizational issue rather than strictly an emergency department issue. Every day, there is a fairly reproducible admission pattern that can be expected from the ED, so there is no reason to be shocked when at 10 a.m. we call for a bed. Patterns of resource demand are fairly predictable, yet past behaviors were not geared to respond adequately.

We now have a process internally that anticipates ED volume requirements, and, if resources are not adequate to meet current and anticipated demand, staff is directed to make ready surge beds and staffing assignments before the inevitable request is made. This results in the patient getting out of the ED and into a bed much quicker, and the ED functioning much more efficiently.

Conclusions for Physicians

Many doctors see the Emergency Department as a source of discomfort, from the unscheduled consult, to the EMTALA burden placed on them at all hours. Yet from a pure selfish point of view, it is also a haven for you and your family, if it becomes necessary due to illness or injury. So, it seems logical to have a self interest in the effective functioning of your ED. Most are aware of High Census Alerts in hospitals that alert all practitioners to the need to attend quickly to those patients that could be discharged from the hospital. Bed Huddles are conducted as a process to anticipate the needs of patients that are invariably destined for admission. Requests of ED physicians to place admitted patients on the floor for further work up, rather than continue an evaluation of the admitted patient in the ED are part of this strategy as well. And finally, the dreaded "One Call" admission and referral process, are all part of strategies to keep your Emergency Department open for you, your patients, and your family.

There are many strategies and behaviors that individual physicians can consider in interfacing with the hospital and the emergency department specifically. The point to be made here is that resources in hospitals and emergency departments are precious, and the physician's deployment of these resources has a ripple effect that is commonly felt in the ED. We appreciate the work of our medical staff physicians in the care of our mutual patients, and hope the information here offers some insight as to the efforts being made on your behalf, and the importance of your awareness and participation when asked.



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“Mercy One”



Hijinio Carreon, D.O.

As I am sure is the case with any other Emergency Medicine Physician, I wanted a profession where I could make a difference. I love the acuity of Emergency

Medicine. I have found myself at home with the complete chaos of a busy shift, caring for an endless volume of patients.

Throughout the day, we see our typical barrage of patients while watching the waiting room grow exponentially. Sometimes, no matter how many patients we treat in a given day/night, the waiting room actually continues to increase with patients.

My colleague just had a patient placed in room #9 and he asks, “Can you perform a bronchoscopy through a King LT?” The patient was flown in after cardiac/respiratory arrest. Inquiring about the patient, I learned that the patient had significant supraglottic edema preventing a more definitive airway. Without hesitation, we had two Intensive Care Specialists

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Congratulations to **Ken Cheyne, M.D.**, who was appointed Medical Director of Blank Children's Hospital. He had been acting as Interim Chief Operating Officer and Medical Director of the hospital for several months.



Congratulations to **Ava Feldman, D.O.**, who was featured in the [Des Moines Register](#) on June 14, 2009, for her views on baby boomers now getting tattoos.



Congratulations to **Carole A. Frier, D.O.**, who recently graduated from Drake University with her MPA in Public Administration/Management.



Congratulations to **Richard L. Glowacki, M.D.**, who was featured in the [Des Moines Register](#) on May 27, 2009, for facilitating a seminar hosted by the Iowa Clinic on erectile dysfunction and incontinence in men as a result of prostate cancer.



Congratulations to **Michael R.K. Jacoby, M.D.**, who recently earned his certification in vascular neurology from the American Board of Psychiatry and Neurology.



Congratulations to **Jeffrey M. Maire, D.O.**, who was appointed by the IMS Board to replace District VI Representative of the IMS.



Congratulations to **Terri Plundo, D.O.**, who was featured in the Des Moines Register on June 9, 2009, for joining the Des Moines University as an assistant professor in family medicine.



Congratulations to **Yogesh Shah, M.D.**, who was featured in the Des Moines Register on July 22, 2009, for his work with geriatric patients and opening a memory clinic two months ago at the Des Moines University Clinic. Also congratulations for being featured in Cityview as one of the Iowa Council for International Understanding (ICIU) "Passport to Prosperity: A Celebration of Iowa's Immigrants and Refugees" honorees.

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In Memory of “Stephen J. DeVore, D.O.”



My father told me he almost died in the bush that summer in Mali. Like so many other stories before – except that this one was truer than those others. He went out alone on his motorcycle to check up on some fields not too far from Nana Kenieba, on a path he had traveled on many occasions. It was late in the day and he took a wrong turn, and ended up in unknown hills. In the dark, having worn through his brake pads and fallen eighteen times, he finally went to sleep on hard ground beneath his bike. Without water to drink, the heat of the next day left him stumbling and hallucinating. He was found on the ground under a tree by a wandering boy, who resuscitated him with mangos, his favorite

fruit, in a small hamlet in a corner of Africa unknown to most. And he laughed it off.

He was unsinkable. We couldn't imagine that anything could arrest his vigor, his hunger for life. Until November 11, 2008, we had never met a force stronger than the spirit of my father, Dr. Stephen Jay DeVore. He died unexpectedly of natural causes in his home in Des Moines on that day.

Dad was born in Marion, Indiana on November 13, 1946. He is survived by his wife, Jill DeVore;

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his children, Dr. Elise DeVore Berlan, Laura DeVore, Christine DeVore, and Jay DeVore, and one grandchild, Charles Berlan. In addition, he is survived by his mother, Mary Eisaman Hibbs; his brothers, Glen and Dennis DeVore, and his sister, Elaine Johnson.

Prior to becoming a physician, Dad worked for fifteen years as an engineer for Motorola in Mesa, Arizona. He moved the family to Des Moines in 1987 so that he could attend medical school at the College of Osteopathic Medicine and Health Sciences, now renamed Des Moines University. After years of dedication and hard work, he established himself as a beloved family physician in Altoona, Iowa.

As a fourth year medical student at the University of Iowa College of Medicine, I received generous funding through the Barry Freeman Memorial Fellowship to travel to Mali for several months, a country where more than 1 child in 10 doesn't survive to their first birthday. My father visited towards the end of my stay, and was so moved by the plight of the Malians, who are among the poorest in the world, that he committed the subsequent years of his life to fighting disease and promoting health in the region of Mali where I had been working.

He started with Mali's first infant ventilators and donations of antibiotics and wound care supplies, followed by medical missions with teams of doctors and nurses. His vision

grew. Medicine for Mali (MFM), a non-profit organization was born. He found local partners who shared his passion for helping the hopeless, and found money from donors. MFM put in many deep wells to supply clean water for the region's villages. MFM established scholarships and small loans for villagers. Dad's vision grew bigger.

He partnered with local universities to create learning opportunities for public health, medical, architectural, and engineering students. Finally,

he trained to be an eye surgeon in Mali. He was never satisfied with the status quo of health statistics in Mali, and worked tirelessly to reduce human suffering among his friends in Mali.

Dad lived life to the fullest and will be remembered as an innovator, healer, humanitarian; and beloved husband, father, son, brother, and friend. He is greatly missed by his family, his many friends and patients, and by the people of Mali.

Medicine for Mali continues my father's

visionary work in the Kenieba-Kunko region of Mali. No other humanitarian organizations are active in this area. Donations made to Medicine for Mali so that Dr. DeVore's work may be continued are greatly appreciated by the Des Moines-based volunteers of Medicine for Mali. Checks may be sent to Dave Merschman at 4605 80th Place, Urbandale, IA, 50322.

By: Elise DeVore Berlan, M.D.



“ A Day At The Iowa Speedway ”

by: Bill Nowysz, D.O.



Flight and Care Center crew with Richard Petty.



Luke Clement – Fire, Safety and Medical Manager

I am a racing fanatic. I love the smell of racing fuel, and the sound it creates as it burns through a snarling engine on a hot summer afternoon. My day job (nights and weekends too) is in emergency medicine. So, when they built the new Iowa Speedway and needed a medical director, I jumped at the chance. The stars appear to have aligned. My passion and profession coexist. Having a glimpse of racing and medicine on the other side of the pit wall has been intriguing. Here's my view of a track medical director's day at the races.

First, a little track background. After several years of planning and construction, the track designed by Rusty Wallace opened for racing in the mid 2007 racing season. A partnership

with Des Moines Mercy Medical Center allowed Mercy doctors, nurses, medics and flight crew to provide medical services at the facility. We provide care for racing teams and spectators at all major events. Drivers and crew are treated in the infield care center located near the center of the track beneath the scoring tower. Fans with medical problems are seen at the grandstand first aid station. At a major event such as the Iowa Corn Indy 250, or Nationwide Series NASCAR race, the track has up to 120 medics, firefighters, nurses and flight crew on site, along with 10 ambulances and the Mercy One helicopter. Two doctors will often be staffed for race day; three additional doctors with the Delphi Safety Team come with the IRL (Indy Racing League).

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Most race days start at 6 a.m. Garages open at 7 a.m., and the F.A.S.T. Team (Fire And Safety Team) must be in place. The F.A.S.T. team is managed by Luke Clement. He is the master of multi-tasking. He is in charge of coordinating the 120 people working the race infield including on track clean up with each collision. Most of this staff has to be in place for practice and qualifying the two days prior to race day.

The infield care center is the hub of all activity. During an event, we will give medical care to all drivers, regardless of condition, who have an

As medical director, I will typically respond with medics and firefighters on track in the chase vehicle to all on track collisions, providing immediate immobilization and stabilization to injured drivers. Training for on track response is provided by NASCAR and other organizations as well as an annual conference in Indianapolis by the I.C.M.S. motorsports safety organization.

The Grandstand first aid station can be quite busy on race day. Weather is a critical factor. Heat and alcohol related problems dominate. Treatment with I.V. fluids and cooling overheated spectators

are usually the order of the day. However, the occasional myocardial infarction or appendicitis can be expected. Nurses manage all cases in the grandstand area, with all significant illnesses or injuries being transported to Newton or Des Moines.

At race end, the crew must stay until garages are closed. This is often completed around 11:30 p.m. for night races. Loading racecars into transporters can be dangerous work and often results in injuries at the end of a long day.

A day at the races has ended. All the effort of construction, organization, and coordination of fire and safety

personnel has paid off for the Iowa speedway. As their racing fanatic medical director, I couldn't be happier with my new perspective behind the pit wall. It's great to see the outstanding efforts and skills of fire and medical professionals coming together to make it possible for us all to enjoy a safe day at the races.



Bill Nowysz, D.O., Iowa Speedway Medical Director

on-track incident that results in a car they cannot drive off the track. Typically, all that is needed is a medical screening exam lasting 2-3 minutes or less. Any significantly injured drivers are transported to the hospital by ground ambulance. Mercy One will fly any critical patient to the trauma center at Mercy. Many patients are crewmembers with minor injuries or illness, or when they occasionally get run over by their driver (sorry Danica).



Harvey, Roger, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Western Reserve Care System, Youngstown, OH
 Specialty: Infectious Disease

Dr. Harvey currently practices at Methodist Plaza Specialty,
 1221 Pleasant St., Ste. 300, Des Moines, IA 50309.



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Education: Kirksville COM, Kirksville, MO
 Residency: Kirksville Osteo Medical Center, Kirksville, MO
 Specialty: Family Medicine

Dr. Johnson-Rose currently practices at Southglen Family Practice,
 7481 Hwy. 65/69, Des Moines, IA 50320.



Kabbani, Haidar, M.D.

Education: University of Damascus, Damascus, Syria
 Residency: University of Kansas School of Medicine, Kansas City, KS
 Specialty: Neurology

Dr. Kabbani currently practices at Methodist Plaza Specialty,
 1221 Pleasant St., Ste. 300, Des Moines, IA 50309.

“Med Mixer”

Over 80 Polk County Medical Society physicians attended a Med Mixer to celebrate the charity care they provide through the Volunteer Physician Network who sponsored the event. In addition to their busy practices, PCMS physicians volunteer to care for patients who are at 200% below poverty and are uninsured, underinsured, and undocumented. The evening was a great success with physicians, their wives, and guests enjoying specially created cuisine from Jason, the Head Chef, at *Bravo* restaurant.



**L to R: Timothy Abrahamson, M.D.
and Lisa Abrahamson.**

**L to R: Andrew Steffensmeier, M.D.
and Stephen Eckstat, D.O.**



**L to R: Dennis Fry, M.D; Stacie Fry; Kathleen Massop, M.D.;
and Doug Massop, M.D.**



Kelly-Osdoba, Amy, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Indiana University School of Medicine, Indianapolis, IN
 Specialty: Obstetrics & Gynecology

Dr. Kelly-Osdoba currently practices at Methodist Plaza OB/GYN & Midwifery, 1212 Pleasant St., Ste. 405, Des Moines, IA 50309.



Kumar, Ananddeep, M.D.

Education: Sri Venkateswara Medical College, Tirupati, AP, India
 Residency: Marianjoy Rehabilitation Hospital, Wheaton, IL
 Specialty: Physical Medicine and Rehabilitation

Dr. Kumar currently practices at Methodist Plaza Rehabilitation Medicine, 1221 Pleasant St., Ste. 375, Des Moines, IA 50309.



LaMasters, Teresa, M.D.

Education: University of South Dakota, Vermillion, SD
 Residency: University of Kansas, Wichita, KS
 Specialty: General Surgery

Dr. LaMasters currently practices at Des Moines Bariatrics, 6000 University Ave., Ste. 30, West Des Moines, IA 50266.



Lonzarich, Dennis, M.D.

Education: Indiana University School of Medicine, Indianapolis, IN
 Residency: Central Iowa Health Systems/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Pediatrics

Dr. Lonzarich currently practices at Walnut Creek Pediatrics, 374 73rd St., Ste. 30, Des Moines, IA 50312.



Martin, Thomas, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Advocate Lutheran General Hospital, Park Ridge, IL
 Specialty: Gastroenterology

Dr. Martin currently practices at Iowa Digestive Disease Center, 1378 N.W. 124th St., Ste. 200, Clive, IA 50325.

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Matlock, Gregory, D.O.

Education: Kirksville COM, Kirksville, MO
 Residency: Central Iowa Health Systems/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Family Practice

Dr. Matlock currently practices at VA Central Iowa Care Systems,
 3600 30th St., Des Moines, IA 50310.



McCurdy, Elizabeth, D.O.

Education: University Northern Texas Health Science Center,
 Fort Worth, TX
 Residency: Mercy/Mayo Family Medicine Residency Program,
 Des Moines, IA
 Specialty: Family Medicine

Dr. McCurdy currently practices at Roosevelt Family Medicine,
 4116 University Ave., Des Moines, IA 50311.



Melahoures, Holly, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. Melahoures currently practices at Methodist Plaza Internal Medicine,
 1221 Pleasant St., Ste. 200, Des Moines, IA 50309.



Mikkilineni, Devi, M.D.

Education: Nagarjuna University of Health Science, Guntur, India
 Residency: Winnebago Mental Health Institution, Madison, WI
 Specialty: Child & Adolescent Psychiatry

Dr. Mikkilineni currently practices at Penn Mental Health,
 1301 Pennsylvania Ave., Ste. 408, Des Moines, IA 50316.



Mouser, Thomas, Jr., M.D.

Education: University of Toledo COM, Toledo, OH
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. Mouser currently practices at Methodist Plaza Internal Medicine,
 1221 Pleasant St., Ste. 200, Des Moines, IA 50309.



O'Conner, Michael, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. O'Conner currently practices at Methodist Plaza Internal Medicine, 1221 Pleasant St., Ste. 200, Des Moines, IA 50309.



Ohl, Michael, M.D.

Education: Washington University School of Medicine, St. Louis, MO
 Residency: University of California, San Francisco, CA
 Specialty: Infectious Disease

Dr. Ohl currently practices at Methodist Plaza Internal Medicine, 1221 Pleasant St., Ste. 300, Des Moines, IA 50309.



Otis, Matthew, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Broadlawns Medical Center, Des Moines, IA
 Specialty: Family Practice

Dr. Otis currently practices at Mercy North Family Practice, 800 E. 1st St., Ankeny, IA 50021.



Roberts, Heather, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. Roberts currently practices at Lakeview Internal Medicine, 6000 University Ave., Ste. 201, West Des Moines, IA 50266.



Sandmeier, Jessica, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: University of Missouri, Columbia, MO
 Specialty: Obstetrics & Gynecology

Dr. Sandmeier currently practices at West Des Moines OB/GYN, 2501 Westown Parkway, Suite 1201, West Des Moines, IA 50266.



Schmidt-De Vries, Erica, M.D.

Education: Ohio State University COM, Columbus, OH
 Residency: Columbus Children's Hospital, Columbus, OH
 Specialty: Pediatrics

Dr. Schmidt-De Vries currently practices at Lakeview Pediatrics, 6000 University Ave., Ste. 201, West Des Moines, IA 50266.



Schwiesow, Tyler, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. Schwiesow currently practices at Methodist Plaza Internal Medicine, 1221 Pleasant St., Ste. 200, Des Moines, IA 50309.



Spinelli, Christopher, D.O.

Education: Kirksville College of Osteopathic Medicine, Kirksville, MO
 Residency: Keesler Medical Center, Keesler AFB, MS
 Specialty: Pediatrics

Dr. Spinelli currently practices at Waukee Clinic-PEDS, 30 E. Hwy. 6, Waukee, IA 50263.



Stenzel, Joel, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: St. Luke's Methodist Hospital, Cedar Rapids, IA
 Specialty: Neonatal-Perinatal Medicine

Dr. Stenzel currently practices at Blank Children's Hospital, 1200 Pleasant Street, Des Moines, IA 50309.



Swenson, Erik, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: University of Wisconsin Hospitals and Clinics, Madison, WI
 Specialty: Internal Medicine

Dr. Swenson currently practices at Mercy Arthritis & Osteoporosis Center, 8421 Plum Drive, Des Moines, IA 50322.



Thornton, David, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Central Iowa Health Systems/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Pediatric Emergency Medicine

Dr. Thornton currently practices at Blank Children's Hospital,
 1200 Pleasant Street, Des Moines, IA 50309.



Tonui, Peter, M.D.

Education: Northwestern University-Feinberg School of Medicine,
 Chicago, IL
 Residency: Fairview General Hospital, Cleveland, OH
 Specialty: Surgery

Dr. Tonui currently practices at Iowa Clinic General, Trauma Surgery &
 Surgical Critical Care, 1212 Pleasant St., Des Moines, IA 50309.



Took, Kevin, M.D.

Education: St. Louis University School of Medicine, St. Louis, MO
 Residency: Tripler Army Medical Center, Honolulu, HI
 Specialty: Child & Adolescent Psychiatry

Dr. Took currently practices at Lakeview Counseling Centers & Blank
 Psychiatry, 6000 University Ave., Ste. 200, West Des Moines, IA 50266.



Turcotte, Stephanie, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: University of Illinois COM, Peoria, IL
 Specialty: Emergency Medicine

Dr. Turcotte currently practices at Mercy Medical Emergency Department,
 1111 6th Ave., Des Moines, IA 50314.



Upmeyer, Sara, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: University of Missouri School of Medicine, Columbia, MO
 Specialty: Anesthesiology

Dr. Upmeyer currently practices at Medical Center Anesthesiologists,
 411 Laurel St., Ste. 3170, Des Moines, IA 50314.



Utthe, Sara, M.D.

Education: University of Iowa COM, Iowa City, IA 50309
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Pediatrics

Dr. Utthe currently practices at Methodist Plaza Pediatrics,
 1212 Pleasant St., Ste. 170, Des Moines, IA 50309.



Van Oort, Terry, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Broadlawns Medical Center, Des Moines, IA
 Specialty: Family Medicine

Dr. Van Oort currently practices at Mercy Van Oort Medical Clinic,
 302 S.W. Walnut St., Ankeny, IA 50023.



Ver Heul, Jeffrey, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Internal Medicine

Dr. Ver Heul currently practices at Coventry Health Care of Iowa,
 4320 114th St., Urbandale, IA 50322.



Walker, Judy, M.D.

Education: University of Texas Medicine School, Houston, TX
 Residency: Washington Hospital, Fremont, CA
 Specialty: Pediatric Intensive Care

Dr. Walker currently practices at Blank Children's Hospital,
 1200 Pleasant Street, Des Moines, IA 50309.



Wallin, Amy, M.D.

Education: University of South Dakota School of Medicine,
 Vermillion, SD
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Pediatrics

Dr. Wallin currently practices at Walnut Creek Pediatrics,
 974 73rd St., Ste. 30, Des Moines, IA 50312.



Weber, Heather, D.O.

Education: Des Moines University COM, Des Moines, IA
 Residency: Central Iowa Health System/
 Iowa Methodist Medical Center, Des Moines, IA
 Specialty: Family Practice

Dr. Weber currently practices at Bondurant Family Clinic,
 85 Paine St. S.E., Ste. B & C, Bondurant, IA 50035.



Wernimont, Thomas, M.D.

Education: University of Iowa COM, Iowa City, IA
 Residency: University of Iowa Hospitals and Clinics, Iowa City, IA
 Specialty: Emergency Medicine

Dr. Wernimont currently practices at Mercy Medical Emergency
 Department, 1111 6th Ave., Des Moines, IA 50314.



Williams, David, M.D.

Education: Creighton University School of Medicine, Omaha, NE
 Residency: Oregon Health & Science University Hospital,
 Portland, OR
 Specialty: Pediatrics

Dr. Williams currently practices at Methodist Plaza Pediatrics,
 1221 Pleasant St., Ste. 170, Des Moines, IA 50309.



Woodard, Thomas, D.O.

Education: Kirksville COM, Kirksville, MO
 Residency: Des Moines General Hospital, Des Moines, IA
 Specialty: Family Medicine

Dr. Woodard currently practices at Lakeview Family Practice,
 6000 University Ave., Ste. 101, West Des Moines, IA 50266.



Woods-Swofford, Wendy, M.D.

Education: University of Missouri, Kansas City, MO
 Residency: Central Iowa Health Systems, Des Moines, IA
 Specialty: Pediatrics

Dr. Woods-Swofford currently practices at Blank Children's Hospital,
 1200 Pleasant Street, Des Moines, IA 50309.

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performing an emergent cricothyrotomy in the room.

ER departments are by their nature stressful. To add to the daily pressure, today Mercy One is returning with a cardiac patient. Inquiring about the stability of the patient, it is reassuring to know that the patient is going directly to Cath. Lab where a cardiologist is waiting to care for the patient. Minutes after arrival, you hear the dreaded code blue. 92 minutes after the patient had an EKG done in Southern Iowa, the patient is having CPR initiated at Mercy Medical Center. Thirty minutes of CPR, and two stents later, with placement of the patient on an Intra-Aortic Balloon Pump, the patient was transferred to CCU...one day later the patient was sitting up and talking! This is one of the real reasons why doctors enter Emergency Medicine, to treat, enhance, and save lives. Emergency Medicine Physicians are an anomaly as the patient rarely remembers their name when they hear it again, but our thanks is saving and improving lives as we give our all to caring for them no matter the treatment or time of day.

In addition to being a physician in the ED, I am also the Medical Director of Mercy One. We are proud of our crews' medical knowledge, intelligence, and ability to deal with critical situations. The pilots' insight and capability to assess a scene, and examine the weather quickly, are instrumental in determining the crews' capability to respond. However, in 2008 the aeromedical community saw a record number of crew deaths and accidents. This brought the following question to the forefront: is aeromedical transport necessary, or are we just placing the patients and the crew in high-risk situations that will not decrease the mortality/morbidity of the patient? However, with our success rate for saving the patients lives through airlifting them to our major medical center, we can provide board certified physicians with the latest in medical knowledge and technology that does make a difference. And... the patient and the families are grateful.

We Emergency Medicine doctors are fortunate to be able to be in a medical specialty that makes a difference in the quality of life of Iowans every day.

NEWSBRIEF

The Iowa Board of Medicine is looking at a faster process for issuing a medical license to physicians who have established professional practices and do not have histories of professional disciplines or investigations. They are looking to streamline medical licensing by allowing endorsement - a process which relies on the verification of routine information by another state's licensing authority. Under possible rule changes, the Board could relax requirements on primary source verification of education, training and medical license testing if a physician graduated from an approved medical school, holds current certification from a medical specialty board, holds unrestricted medical license in every state they are licensed, does not have a professional disciplinary history, and has practiced continuously for five years prior to submitting an application for licensure in Iowa. This change could become effective when the Board's new licensure database is implemented in the spring of 2010.

SEPTEMBER BIRTHDAYS

1	Jennifer Gabel Roger Harvey James W. Hopkins Carol Horner Robert C. Kitterman Kelly L. Reed Jeffrey C. Schoon	17	Charles R. Caughlan
3	Steven Cahalan	18	Donald R. Fillman Terry Flander Lydia Holm Stephanie L. Pothoven Mark W. Purtle Christina Taylor Andrew Zeff
4	Ryan S. Bakke Joseph F. Cassady, Jr. Terry D. Van Oort	19	Bic Carfrae Pamela L. Nerheim James B. Poole
5	Daniel Mac Alpine	20	Syed E. Husain Robert H. Leisy
6	David C. Ball Jay A. Rosenberger	21	Rebecca Lachenmaier Amy B. Mitchell Dante R. Toriello Mark W. Westberg
7	Patricia Hoffmann Allan P. Latcham	22	Steven C. Johnson
8	Timothy F. Drevyanko James F. Lawler Robert H. Zeff	23	David F. Gordon Robert H. Hoyt G. Bradley Klock Anandeep Kumar L. Scott Richards
9	Nader R. Ajluni Nicholas J. Honkamp Manmohan Singh	24	Martin R. Aronow Illa S. Chandani Praveen C. Prasad
10	Kevin J. Cunningham Curtis L. Hoegh	25	Douglas R. Casady Roscoe F. Morton A. Perry Osborn Gregory Schmunk Michael K. Harvey Erica S. Schmidt De Vries
11	Mark R. Matthes	26	Thomas D. Dulaney Kevin J. Percival Craig A. Stark
13	Ravinder Agarwal Stanton L. Danielson Becky Jo Davis-Kramer Christopher A. White	27	Vidya Chande Victor Kaylarian Roy W. Overton, II
14	Janie C. Hendricks Robert O. Thompson	28	Douglas A. Layton Dirk A. Ver Steeg
15	Kelly S. Bast Kent J. Edelman Kevin L. Moore John U. Skoog Debra A. Studer	29	
16	James B. Bice Keven O. Cutler Denis Reavis		

continued from page 22



Dave Robbins, M.D.



**PCMS Members and spouses
enjoying camaraderie.**



**L to R: Peter Hetherington, D.O.
and Terry Flander, D.O.**



**L to R: Bert Iannone, M.D.; and Philip Colletier,
M.D.**



**L to R: Jane Patten; James Patten, M.D.;
and Lynn Lindaman, M.D.**



**L to R: Viney Kumar, M.D.
and Amita Kumar.**

OCTOBER BIRTHDAYS

2	Scott A. Thompson	16	Amy J. Fulton Marlene A. Gernes Richard L. Glowacki Laura Mirsky Stephen B. Rinderknecht
3	Calvin J. Hansen Wendy Leigh Woods-Swofford		
4	Stephen C. Elliott Cassim M. Igram Joshua D. Kimelman Brenton B. Koch Duangchai Narawong Deborah Turner	17	Naser Al-Zein Alexander C. Flower Kent E. Kunze
5	William J. Wickemeyer	18	Michael L. Blaess Daniel H. Gervich Margaret Verhey
6	Paul R. Holzworth Amy B. Mc Entaffer Sue Ann Olmstead	19	Sean D. Cunningham
7	Ellie L. Bishop David L. Dennis Josef A. Granwehr Michael R. Line William Nowysz Ravi K. Vemuri	20	Kenton J. Hall Laurie M. Kuestner David A. Plundo
8	Ronald Alley Elizabeth A. Brown Royce K. Dexter Ava R. Feldman G. Eric Hockett Matthew J. Weresh	21	Tracy W. Bailey Charles J. Deay Lingxiang Zhou
9	Wenny Jean	22	Michael C. Witte
10	Chandramohan Batra James O. Brown, II Wendy L. Fluegel Daniel W. Vande Lune	23	Robert L. Clark Teresa P. Monsod -Borromeo
11	Richard B. Merrick Denville Myrie	24	Thomas O. Paulson
12	Michael D. Hurt	25	Ernesto E. Barrantes Todd Janus
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14	Allison Brown Louis J. De Wild Christian P. Ledet Richard Robus Michael W. Sutcliffe	27	Sheryl M. Sahr John A. Stern
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Bulletin

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